Case 14-00231-5-DMW Doc 29 Filed 02/19/14 Entered 02/19/14 16:32:21 Page 1 of 46

B6A (Official Form 6A) (12/07)

FEB **J 9** 2014

Inro Shelia Mismill	
Debtor	

STEPHANIE J. EDMONDSON, CLERK U.S. BANKRUPTCY COURTASE No. 14-06231-5-RDD EASTERN DISTRICT OF NC (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

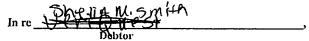
If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM	
3696 Poole Rd Kinston NC 29504					
	Tot	al≯			

(Report also on Summary of Schedules.)

B 6B (Official Form 6B) (12/07)



Case No. 14-00231-5-PDD

SCHEDULE B - PERSONAL PROPERTY

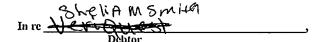
Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.				
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.				
Security deposits with public utilities, telephone companies, landlords, and others.				
Household goods and furnishings, including audio, video, and computer equipment.				
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.			<i>-</i>	
6. Wearing apparel.				
7. Furs and jewelry.				
8. Firearms and sports, photographic, and other hobby equipment.				
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.				
10. Annuities. Itemize and name each issuer.				
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)				

B 6B (Official Form 6B) (12/07) -- Cont.



Case No. 14(-(0331-5-RDP)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		·		
13. Stock and interests in incorporated and unincorporated businesses. Itemize.				
14. Interests in partnerships or joint ventures. Itemize.				
15. Government and corporate bonds and other negotiable and non-negotiable instruments.				
16. Accounts receivable.				
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.				
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.				
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A — Real Property.				· · · · · · · · · · · · · · · · · · ·
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.				
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.				

B 6B (Official Form 6B) (12/07) -- Cont.



Case No. 14-0231-5-RDD (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.				
23. Licenses, franchises, and other general intangibles. Give particulars.				
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.				
25. Automobiles, trucks, trailers, and other vehicles and accessories.				
26. Boats, motors, and accessories.				
27. Aircraft and accessories.				
28. Office equipment, furnishings, and supplies.				
29. Machinery, fixtures, equipment, and supplies used in business.				
30. Inventory.				
31. Animals.				1
32. Crops - growing or harvested. Give particulars.				-
33. Farming equipment and implements.	•			
24 Fa				
34. Farm supplies, chemicals, and feed.		The state of the s		The second secon
35. Other personal property of any kind not already listed. Itemize.				

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (04/13)

In re	Shelia M. Smith	,
	Debtor	

Case No. 14-00231-5-RDD (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

☐ 11 U.S.C. § 522(b)(2) ☐ 11 U.S.C. § 522(b)(3) ☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
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		÷	
		·	
	· · · · · · · · · · · · · · · · · · ·		
		*	
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^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

\ Case 14 Rev. 4/2006 ڝ	-00231-5-		UNITED STATES BANKRUEASTERN DISTRICT OF NO	JPTCY COURT	9/14 16:32:21	Page 6 of 46
N THE MATTER OF:					CASE NUMBI	ER:
Debtor(s)						
and nonbankruptcy Fe 1. NCGS 10 The exemption is not broperty not to exceed	deral law: (At C-1601(a)(1) (No to exceed \$18 \$37,000 in va hip and the for	Claim the following const., Article, 500; however, and lue so long as the mer co-owner of sonly, of the proposition (H)Husband (W)Wife	X, Section 2) REAL OR PEn unmarried debtor who is 65 property was previously ow the property is deceased, in erty below). Mortgage Holder	RSONAL PROPERTY Los years of age or older is which case the debtor not a debtor as a famount of Mortgage	USED AS A RESIDE entitled to retain a tenant by the entire nust specify his/her	ENCE OR BURIAL PLOT n aggregate interest in the ties or as a joint tenant age and the name of the Value Claimed as Exempt Pursuant to
3096 Pooles		(J)Joint	Ve riquest	or Lien	<u>Value</u>	NCGS 1C-1601(a)(1)
ebtor's Age: lame of former co-owr	er: <u>U</u>				<u> </u>	
			OF REAL ESTATE CLAIME			:-1601(a)(1): \$.00
2. NCGS 1C	-1601(a)(3) Mo	OTOR VEHICLE Owner	(The exemption in one vehic	de is not to exceed \$3,5	00).	

Model, Year Style of Auto	Market <u>Value</u>	Owner (H)Husband (W)Wife (J)Joint	Lien Holder	Amount of <u>Lien</u>	Net <u>Value</u>	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
		·	NA			·

VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$

Case 14-00231-5-DMW Doc 29 Filed 02/19/14 Entered 02/19/14 16:32:21 Page 7 of 46

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is

Description of Property	Market <u>Value</u>	Owner (H)Husband (W)Wife (J)Joint	Lien <u>Holder</u>	Amount <u>of Lien</u>	Net <u>Value</u>	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Clothing & personal	•					
Kitchen appliances						
Stove						
Refrigerator						
Freezer				·		
Washing machine						
Dryer						
China						
Silver	· · · · · · · · · · · · · · · · · · ·					
Jewelry						
Living room furniture						
Den furniture						
Bedroom furniture						
Dining room furniture						
Television						
()Stereo ()VCR/DVD						
()Radio ()Video Camera						
Musical Instruments						
()Piano ()Organ						
Air conditioner						
Paintings/Art						
Lawn mower						
Yard tools						
Crops						
Recreational Equipment						
()Computer						

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$

college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually

Value

Last Four Digits of Account Number

Cohodulo C.4. Disambility Olatina d. a. Errania & Monoo

be used for the child's college or university expenses.

College Savings Plan

•

Initials of Child Beneficiary

Ca	ase 14-0023	1-5-DMW D	oc 29 F	iled 02/19/14 En	tered 02	/19/14 16:3	2:21 F	Page 9 of	46
•	•								
JNITS OF (OTHER STATES ((a)(11) RETIREMEN (The debtor's interest h the benefit plan is e	is exempt or	UNDER THE RETIREMENT IN THE STATE OF THE PROPERTY OF THE PROPE	ENT PLANS (e benefits are	OF OTHER STAT	ES AND C	SOVERNMENT the state or	AL.
	Name of Retirem	ent Plan		State Governmental Unit		Last Four C	igits of Ide	ntifying Numbe	<u></u>
IAVE BEEI	N RECEIVED OR	(a)(12) ALIMONY, SI TO WHICH THE DE support of the debtor	BTOR IS EN	PARATE MAINTENANCE TITLED (The debtor's intendent of the debtor).	E, AND CHILI erest is exem	O SUPPORT PA' of to the extent th	YMENTS (se paymen	OR FUNDS THA	Α Τ
	Type of Sup	port		<u>Amount</u>		<u>L</u>	ocation of	<u>Funds</u>	
orth Caroli Des	3. TENANCY BY fina pertaining to precipition of and Address	THE ENTIRETY. Th operty held as tenan Market Value	e following pi	roperty is claimed as exem rety. Lien Holder		Amount	2 and the	Net	of
·	<u>, </u>	vanue		<u>rioidei</u>		<u>of Lien</u>		Value	
14	NORTH CAROL	INA PENSION FLIN) EXEMPTIC	DNS	·	VALUE CLAIM	ED AS EX	EMPT: \$.0
a.	4. NORTH CAROLINA PENSION FUND EXEMPTIONS North Carolina Local Government Employees Retirement benefits NCGS 128-31								
b.				etirement benefits NCGS 1					
C.		Fund pensions NCG			•				
J.		Society benefits NC		3					
e. ·	Benefits under th		rement Incor	me Plan for teachers and	state employe	ees are exempt f	rom		

Benefits under the Supplemental Retirement Income Plan for state law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.30(g)

f.

Gasetiler 2027 15 NO MANNED CODE ROLL OF THE STATE OF FORTH CAROLINA 16:32:21 Page 10 of Aid to the Aged, Disabled and Families with Dependent Children NCGS 108A-36 a. b. Aid to the Blind NCGS 111-18 Yearly Allowance of Surviving Spouse NCGS 30-15 C. d. Workers Compensation benefits NCGS 97-21 e. Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed NCGS 96-17 f. Group insurance proceeds NCGS 58-58-165 g. Partnership property, except on a claim against the partnership NCGS 59-55 h. Wages of debtor necessary for support of family NCGS 1-362 Benefits under the Separate Insurance Benefits Plan for state and local law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.60(h) j. Vested benefits under the North Carolina Public Employee Deferred Compensation Plan are exempt from levy, sale, and garnishment NCGS 147-9.4 16. FEDERAL PENSION FUND EXEMPTIONS Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060 a. b. Civil Service Retirement benefits 5 U.S.C. § 8346 C. Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m ď. Veterans benefits 38 U.S.C. § 5301 e. Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562 Annuities payable for service in the General Accounting Office 31 U.S.C. 776 17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW Social Security benefits 42 U.S.C. § 407 b. Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717 C. Wages owing a master or seamen, except for support of a spouse and/or minor children 46 U.S.C. § 11109 d. Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916 e. Crop insurance proceeds 7 U.S.C. § 1509 f. Public safety officers' death benefits 42 U.S.C. § 3796. See subsection (g) Railroad unemployment insurance 45 U.S.C. § 352. See subsection (e) 18. RECENT PURCHASES (a). List tangible personal property purchased by the debtor within pinchy (00) day

<u>Description</u>	Market Value	<u>Lien Holder</u>	Amount of Lien	Net Value
	•			
	·	·		

_	Describ	tion of Replacement Pr	operty	Description of Property Liquid	Description of Property Liquidated or Converted that May Be Exem						
	19. The debtor's Of the United Sta	property is subject to t ites or its agencies as p	ne following claims:								
	Of the State of No	orth Carolina or its sub	livisions for taxes, appe	earance bonds or fiduciary bonds							
	Of a lien by a lab	orer for work done and chanic for work done o	performed for the person the premises but only	on claiming the exemption, but only a y as to the specific property affected	as to the specific prop	erty affected					
	For payment of of	bligations contracted fo	r the purchase of speci	fic real property affected.							
	For contractual se	ecurity interests in spec	ific property affected; p	provided, that the exemptions shall a e money security interest in any suc	pply to the debtor's ho	ousehold good					
	For statutory liens	s, on the specific prope	rty affected, other than	judicial liens	_						
	For child support,	alimony or distributive	award order pursuant t	o Chapter 50 of the General Statute	s of North Carolina						
	Debts of a kind sp	pecified in 11 U.S.C. §	523(a)(1) (certain taxes	uant to G.S. 15A-1340.38), (5) (domestic support obligations)							
	Debts of a kind sp	pecified in 11 U.S.C. §	522(c)	,, (-, (,							
				Description of	Value of						
	Claimant	Nature of Claim	Amount of Claim	<u>Property</u>	<u>Property</u>	Net Valu					
		•			•						
	·										
ηpl	None of the prope	rty listed in paragraph	18(a), except qualified (replacement property under 18(b), h	as been included in th	nis claim of					
npl	ions.	erty listed in paragraph s listed in paragraph 19			as been included in th	is claim of					
•	None of the claims	s listed in paragraph 19	is subject to this claim								
	None of the claims I declare that to th	s listed in paragraph 19	is subject to this claim	of exemptions.							
•	None of the claims I declare that to th	s listed in paragraph 19 ie extent any exemption illowed by statute. UNSWORN DECLAR.	is subject to this claim is I have claimed appe ATION UNDER PENAL	of exemptions.	allowed by the applica						
•	None of the claims I declare that to th	s listed in paragraph 19 ie extent any exemption illowed by statute. UNSWORN DECLAR.	is subject to this claim is I have claimed appe ATION UNDER PENAL	or of exemptions. ar on its face to exceed the amount TY OF PERJURY ON BEHALF OF PERTY CLAIMED AS EXEMPT	ailowed by the applica	able statute, I					
the	None of the claims I declare that to the maximum amount a	s listed in paragraph 19 ie extent any exemption illowed by statute. UNSWORN DECLAR.	is subject to this claim ns I have claimed appe ATION UNDER PENAL CHEDULE C-1 - PROI	of exemptions. ar on its face to exceed the amount TY OF PERJURY ON BEHALF OF PERTY CLAIMED AS EXEMPT , declare under penalty of perju	allowed by the applica INDIVIDUAL Iry that I have read the	able statute, I					
the	None of the claims I declare that to the maximum amount a	s listed in paragraph 19 te extent any exemption illowed by statute. UNSWORN DECLAR. TO S	is subject to this claim ns I have claimed appe ATION UNDER PENAL CHEDULE C-1 - PROI	or of exemptions. ar on its face to exceed the amount TY OF PERJURY ON BEHALF OF PERTY CLAIMED AS EXEMPT	allowed by the applica INDIVIDUAL Iry that I have read the	able statute, I					
the	None of the claims I declare that to the maximum amount a	s listed in paragraph 19 te extent any exemption illowed by statute. UNSWORN DECLAR. TO S	is subject to this claim ns I have claimed appe ATION UNDER PENAL CHEDULE C-1 - PROI	of exemptions. ar on its face to exceed the amount TY OF PERJURY ON BEHALF OF PERTY CLAIMED AS EXEMPT , declare under penalty of perju	allowed by the applica INDIVIDUAL Iry that I have read the	able statute, I					

In re Alexidates	
In re Aferialies	
Debtor	

Case No. 14-662345-RDD (If known)

Data.)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

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Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			SOME TO MEN			<u> </u>		
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continuation sheets			Subtotal ► (Total of this page)		-		\$	\$
attached			Total ►				\$	\$
			(Use only on last page)					
							(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related

B 6D (Official Form 6D) (12/07) – Cor	nt.	Co	- (7)	/0	2	(1)	6D	Form	Ticial	(0	6D	Ś
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In re	Shelia	M Smith	
		Debtor	

Case No. 14-002015-RDD (if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
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			VALUE\$	-				
ACCOUNT NO.								
			VALUE\$					
Sheet noofcontin	uation	<u> </u>	Subtotal (s)▶				\$	\$
sheets attached to Schedule of Creditors Holding Secured			(Total(s) of this page)					
Claims		•	Total(s) ▶				\$	\$
			(Use only on last page)				(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summa

report also on Statistical Summary of Certain Liabilities and Related Data.)

2

B6E (Official Form 6E) (04/13)

In re Shelia M Smith

Debtor

Case No. 14-00237-5-RVD (if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
Domestic Support Obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Boe (Official Form 6E) (04/13) - Cont.
In re Shelia MSwith, Case No. 161-00231-5-RDD Debtor (if known)
Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, the were not delivered or provided. 11 U.S.C. § 507(a)(7).
Taxes and Certain Other Debts Owed to Governmental Units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of an Insured Depository Institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governor of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 a)(9).
Claims for Death or Personal Injury While Debtor Was Intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, rug, or another substance. 11 U.S.C. § 507(a)(10).
Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of djustment.
continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

In re_Sheli	a M Smith	
	Debtor	

Case No. 12	-002315-RDD
	(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

	_		T	,			Type of Priority fo	r Claims Listed o	n This Sheet
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Account No.									
			.a.		19 9			. 1	
Account No.									
							e 9	2 34	
Account No.									
	8	9 9 9		-	27		2 2 2	v	
Sheet no of continuation sheets attached	i to Sch	edule of		S otals of	Subtota	ls>	\$	\$	
			(Use only on last page of t Schedule E. Report also o of Schedules.)	he com	Tota	al≻	\$		
		*	Totals> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)					Š	S

B 6F (Official Form 6F) (12/07)	
Inro Shella M Smith	Case No. 14-66231-5-RDD
Debtor	(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY AMOUNT OF CREDITOR'S NAME, DATE CLAIM WAS UNLIQUIDATED CONTINGENT CODEBTOR **CLAIM INCURRED AND** MAILING ADDRESS DISPUTED CONSIDERATION FOR INCLUDING ZIP CODE, AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. ACCOUNT NO. Subtotal≯ Total> continuation sheets attached (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B 6F (Official Form 6F) (12/07) - Cont.

In re_	Shelia M Smith,
	Debtor

Case No. 14-00231-5-RDD.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			·				
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no of continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				\$			
Total> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)					\$		

Inre Shelia M Smith,	Case No. 14-W231-5-RDD
Debtor	(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
	·

B 6H (Official Form 6H) (12/07)

In re Shelia M Smith,

Case No. 14-23-0023/-5-RDD (if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR			

Debtor 1 Shelia First Name	M	Smith		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	*	
	Middle Name	Last Name	50 *	
United States Bankruptcy Court for th		District of		
Case number 14-60231-	2-KDD	_	Check if this is:	
		2 % 6	An amended filing	
fficial Form B 6I	4 · 4 · 4.		A supplement showing post chapter 13 income as of the	-petition following date
			MM /DD /Y YYY	
chedule I:Y o			Debtor 1 and Debtor 2), both are equally r	12/1
art 1: Describe Employ	ne top of any additional p	pages, write your name and	Debtor 1 and Debtor 2), both are equally ruse is living with you, include information on about your spouse. If more space is not leave unmber (if known). Answer every q	eeded, attach a juestion.
Fill in your employment information.		Debtor 1	Debtor 2 or any su	
If you have more than one job, attach a separate page with	***		Debtor 2 or non-fili	ing spouse
information about additional employers.	Employment status	Employed Not employed	Employed	
nclude part-time, seasonal, or self-employed work.			Not employed	
Occupation may Include student or homemaker, if it applies.	Occupation	Office Mar	19861	
	Employer's name	We Poill 4"	You	
	Employer's address	367 Main	57	
•		Number Street	Number Street	
		O . NI		
		GRIATION NC		
	Howless	CIR'HON NC City State	28530 ZIP Code City s	tate ZIP Code
	How long employed the	1000	Z8 530 ZIP Code City s	tate ZIP Code
2: Give Details About			ZIP Code City S	tate ZIP Code
The state of the s	Monthly Income	re? <u>IEmths</u>		
timate monthly income as of to buse unless you are separated.	Monthly Income	n. If you have nothing to repo	ort for any line, write \$0 in the space. Include	
timate monthly income as of to buse unless you are separated. You or your non-filing spouse have	Monthly Income the date you file this form	n. If you have nothing to repo		
timate monthly income as of to buse unless you are separated. You or your non-filing spouse have ow. If you need more space, atta	Monthly Income the date you file this form the more than one employe ach a separate sheet to the	n. If you have nothing to report, combine the information for is form.	ort for any line, write \$0 in the space. Include or all employers for that person on the lines For Debtor 1 For Debtor 2 or	
timate monthly income as of to buse unless you are separated.	Monthly Income the date you file this form we more than one employe ach a separate sheet to the	n. If you have nothing to report, combine the information for is form.	ort for any line, write \$0 in the space. Include or all employers for that person on the lines	
timate monthly income as of to buse unless you are separated. ou or your non-filing spouse have ow. If you need more space, atta	Monthly Income the date you file this form we more than one employe ach a separate sheet to the y, and commissions (betalculate what the monthly	n. If you have nothing to report, combine the information for is form.	ort for any line, write \$0 in the space. Include or all employers for that person on the lines For Debtor 1 For Debtor 2 or	

Debtor 1 Shelia M Smith First Name Middle Name Last Name	Case number (# known) 14-15 231-5-RDD
	For Debtor 1 For Debtor 2 or non-filing spouse
Copy line 4 here	→ 4. \$_\(\frac{109(0.99}{2} \) \$
5. List all payroll deductions:	
5a. Tax, Medicare, and Social Security deductions	5a. \$ 74.00 \$
5b. Mandatory contributions for retirement plans	5b. \$ \$
5c. Voluntary contributions for retirement plans	5c. \$
5d. Required repayments of retirement fund loans	5d. \$ <u>7</u> \$
5e. Insurance	5e. ' \$ \$
5f. Domestic support obligations	5f. \$ <u>0</u> \$
5g. Union dues	5g. \$
5h. Other deductions. Specify:	5h. +\$ + \$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6. \$ <u>\(\begin{align*} \text{4} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>(022;</u> \$
8. List all other income regularly received:	
8a. Net income from rental property and from operating a business, profession, or farm	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ \$
8b. Interest and dividends	8b. \$ \$
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	· · · · · · · · · · · · · · · · · · ·
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c \$
8d. Unemployment compensation	8d. \$
8e. Social Security	8e. \$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	s 8f.
8g. Pension or retirement income	8g. \$ \$
8h. Other monthly income. Specify:	<u> </u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9. \$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$+ \$= \$
11. State all other regular contributions to the expenses that you list in Schede	
Include contributions from an unmarried partner, members of your household, you other friends or relatives.	our dependents, your roommates, and
Do not include any amounts already included in lines 2-10 or amounts that are n Specify:	ot available to pay expenses listed in Schedule J.
2. Add the amount in the last column of line 10 to the amount in line 11. The r	
Write that amount on the Summary of Schedules and Statistical Summary of Cen	rtain Liabilities and Related Data, if it applies 12. \$
13. Do you expect an increase or decrease within the year after you file this fo	Combined monthly income
Yes. Explain:	

Fill in this information to identify your case:			
Debtor 1 Shelia M Six	inth		
First Name Middle Name Last Debtor 2	Name Check if		
90 University (1990)		nended filing	
United States Bankruptcy Court for the:	District of exper	plement snowing po uses as of the followi	st-petition chapter 13
Case number 14-100331-5-RDD		DD / YYYY	
	A sep	arate filing for Debto	r 2 because Debtor 2
Official Form B 6J	maint	ains a separate hous	sehold
Schedule J:Y our Expenses			12/13
Be as complete and accurate as possible. If two married people information. If more space is needed, attach another sheet to the (if known). Answer every question.	are filing together, both are equally is form. On the top of any additiona	responsible for supp I pages, write your na	lying correct me and case number
Part 1: Describe Your Household			
1. Is this a joint case?		*	
No. Go to line 2.		¥III	
Yes. Does Debtor 2 live in a separate household?			
Yes. Debtor 2 must file a separate Schedule J.			
2. Do you have dependents? Do not list Debtor 1 and Debtor 2.	Dependent's relationship to on for Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2. each dependent Do not state the dependents'	Neice		No.
names.	IVE (CE		Yes
	Final Control of the	_	No
			Yes
			No Yes
			No
			Yes
			☐ No
D			Yes
Do your expenses include expenses of people other than yourself and your dependents?			
art 2: Estimate Your Ongoing Monthly Expenses			
estimate your expenses as of your bankruptcy filing date unless y expenses as of a date after the bankruptcy is filed. If this is a supp pplicable date.	plemental Schedule J, check the bo	ment in a Chapter 13 x at the top of the for	case to report m and fill in the
nclude expenses paid for with non-cash government assistance i	if you know the value		
f such assistance and have included it on Schedule I: Your Incor	ne (Official Form B 61.)	Your expe	enses
The rental or home ownership expenses for your residence. Including any rent for the ground or lot.	clude first mortgage payments and	4. \$	
If not included in line 4:			
4a. Real estate taxes	•	4a. \$	
4b. Property, homeowner's, or renter's insurance		4b. \$	
4c. Home maintenance, repair, and upkeep expenses		4c. \$	
4d. Homeowner's association or condominium dues		4d S	

Debtor 1 Shelice M Smith

Case number (# known) 14-00237-5-700

			Your expenses
- 5	. Additional mortgage payments for your residence, such as home equity loans	5 .	\$
. 6	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$ 235.00
	6b. Water, sewer, garbage collection	6b.	\$ 14.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 100.00
i	6d. Other. Specify:	6d.	\$
7.		7.	\$ 15,00
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	s 7/
10.		10.	\$ 1/1
11.	Medical and dental expenses	11.	s (D)
12.	Transportation. Include gas, maintenance, bus or train fare.	•••	*—
	Do not include car payments.	12.	\$
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ <u>-0</u>
14.	Charitable contributions and religious donations	14.	\$ [7]
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		C
	15a. Life insurance	15a.	\$ 15.00
	15b. Health insurance	15b.	s Ø
	15c. Vehicle insurance	15c.	\$ 0
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		œ.
	Specify:	16.	\$
17.	Installment or lease payments:		- 1
	17a. Car payments for Vehicle 1	17a.	<u>\$</u>
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$
19.	Other payments you make to support others who do not live with you.		,
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc	ome.	,
:	20a. Mortgages on other property	20a.	\$
:	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

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Debtor 1 Shelia Middle Name Smith Case number (# A	nown)_ <u>} L</u>	1-00231-5_RDD
21. Other. Specify: 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	21.	\$ <u>339.60</u>
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$
23b. Copy your monthly expenses from line 22 above.	23b.	-\$
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23 c.	\$
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		
Yes. Explain here:		

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court

In re Shelia W Smith, Debtor	Case No. 14-00231-5-RD	D
	Chapter	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property			s		
B - Personal Property			\$		
C - Property Claimed as Exempt					
D - Creditors Holding Secured Claims				\$	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)				\$	
F - Creditors Holding Unsecured Nonpriority Claims				\$	
G - Executory Contracts and Unexpired Leases					
H - Codebtors					
I - Current Income of Individual Debtor(s)					\$
J - Current Expenditures of Individual Debtors(s)					\$
Te	DTAL		s	\$	

B 6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court

In re <u>Shelia M Smith</u> , Debtor	Case No. 14-00231-5-RDD
	Chapter

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	s
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	s
TOTAL	s

State the following:

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$
4. Total from Schedule F	\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$

B7 (Official Form 7) (04/13)

UNITED STATES BANKRUPTCY COURT

DISTRICT	
In re: <u>Shelia M. Smith</u> ,	Case No. 14-60231-5-RDD

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2

B7 (Official Form 7) (04/13) 2. Income other than from employment or operation of business State the amount of income received by the debtor other than from employment, trade, profession, operation of the None debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) **AMOUNT** SOURCE 3. Payments to creditors Complete a. or b., as appropriate, and c. a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) NAME AND ADDRESS OF CREDITOR DATES OF AMOUNT **PAYMENTS** STILL OWING PAID None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225°. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) NAME AND ADDRESS OF CREDITOR DATES OF AMOUNT **AMOUNT** PAYMENTS/ PAID OR STILL **TRANSFERS** VALUE OF OWING **TRANSFERS**

Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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None	to or for the benefit of cred	ed debtors filing un	ly preceding the commencement of this case I debtors filing under chapter 12 or chapter 13 must etition is filed, unless the spouses are separated and			
	NAME AND ADDRESS C AND RELATIONSHIP TO		DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING	
None	4. Suits and administrative a. List all suits and administrative preceding the filing of this information concerning eith and a joint petition is not fi	strative proceeding bankruptcy case. (ner or both spouses	s to which the debto Married debtors fili	or is or was a party on	within one year immedia	ıde
	CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT O AND LOC	R AGENCY ATION	STATUS OR DISPOSITION	
b. Describe all property that has been attached, garnished or seized under any legal or equitable year immediately preceding the commencement of this case. (Married debtors filing under charmust include information concerning property of either or both spouses whether or not a joint petition is not filed.)					under chapter 12 or chap	ter 13
	NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WA		DATE OF SEIZURE		DESCRIPTION AND VALUE OF PROPERTY	
	5. Repossessions, foreclo	sures and returns				
List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed of foreclosure or returned to the seller, within one year immediately preceding the commencement of this ca (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not file						e. or both
	NAME AND ADDRESS OF CREDITOR OR SELLE	CR FO	ATE OF REPOSSE DRECLOSURE SA RANSFER OR RET	LE,	DESCRIPTION AND VALUE OF PROPERTY	

B7 (O	fficial Form 7) (04/13)						
	6. Assignments and rece	iverships		•			
None	a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is n filed.)						
	NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEM				
None	immediately preceding the o	as been in the hands of a custodian, re commencement of this case. (Married hing property of either or both spouses joint petition is not filed.)	debtors filing unde	r chapter 12 or chapter 13 mus	t		
	NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE Of PROPERTY			
None 	except ordinary and usual gi and charitable contributions chapter 13 must include gift	ntributions made within one year imrifts to family members aggregating les aggregating less than \$100 per recipies or contributions by either or both spd a joint petition is not filed.)	s than \$200 in valuent. (Married debto	e per individual family membe ors filing under chapter 12 or	r		
	NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT			
	8. Losses				-		
None	of this case or since the con	t, other casualty or gambling within on the inmencement of this case. (Married doth spouses whether or not a joint pet	ebtors filing under	chapter 12 or chapter 13 must			
	DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTAI LOSS WAS COVERED IN WHOL BY INSURANCE, GIVE PARTIC	E OR IN PART	DATE OF LOSS			

B7 (Official Form 7) (04/13)

5 9. Payments related to debt counseling or bankruptcy List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for None consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case. NAME AND ADDRESS DATE OF PAYMENT, AMOUNT OF MONEY OR OF PAYEE NAME OF PAYER IF DESCRIPTION AND OTHER THAN DEBTOR **VALUE OF PROPERTY** 10. Other transfers None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) NAME AND ADDRESS DATE **DESCRIBE PROPERTY** OF TRANSFEREE. TRANSFERRED AND **RELATIONSHIP TO DEBTOR** VALUE RECEIVED None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary. NAME OF TRUST OR OTHER DATE(S) OF AMOUNT OF MONEY OR DESCRIPTION **DEVICE** TRANSFER(S) AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY 11. Closed financial accounts List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) NAME AND ADDRESS TYPE OF ACCOUNT, LAST FOUR AMOUNT AND OF INSTITUTION DIGITS OF ACCOUNT NUMBER, DATE OF SALE AND AMOUNT OF FINAL BALANCE OR CLOSING

B7 (C	Official Form 7) (04/13)				6	
	12. Safe deposit boxes					
None	List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)					
	NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY		
	13. Setoffs					
Nonc	the commencement of this	creditor, including a bank, against case. (Married debtors filing under couses whether or not a joint petiti	chapter 12 or chapte	er 13 must include information	n	
	NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF		AMOUNT OF SETOFF		
	14. Property held for ano	ther person				
None	List all property owned by a	another person that the debtor hold	s or controls.			
	NAME AND ADDRESS OF OWNER	DESCRIPTION VALUE OF PRO		LOCATION OF PROPER	ΓY	
	15. Prior address of debto	or				
None	If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.					
	ADDRESS	NAME USED		DATES OF OCCUPANCY	<i>(</i>	
				. ,		

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	16. Spouses and Form	er Spouses				
None	If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.					
	NAME					
	17. 7					
	17. Environmental In	ormation. question, the following definitions apply:				
	releases of hazardous or	neans any federal, state, or local statute on toxic substances, wastes or material into g, but not limited to, statutes or regulation	the air, land, soil, s	urface water, groundwater, or		
	"Site" means any location formerly owned or oper	on, facility, or property as defined under a ated by the debtor, including, but not lim	any Environmental I ited to, disposal site	Law, whether or not presently or s.		
		"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.				
None	unit that it may be liable	a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:				
	SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW		
None		dress of every site for which the debtor p Indicate the governmental unit to which t				
	SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVÍRONMENTAL LAW		
Нопе		ministrative proceedings, including settle tor is or was a party. Indicate the name a ne docket number.			rty	
	NAME AND ADDRESS OF GOVERNMENTAL		MBER	STATUS OR DISPOSITION		
	18 . Nature, location ar	nd name of business				
None	and beginning and endir	lividual, list the names, addresses, taxpay g dates of all businesses in which the de on, partner in a partnership, sole propriete	btor was an officer,	director, partner, or managing		

B7 (Official Form 7) (04/13)

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other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME

LAST FOUR DIGITS
OF SOCIAL-SECURITY
OR OTHER INDIVIDUAL
TAXPAYER-I.D. NO.
(ITIN)/ COMPLETE EIN

ADDRESS NATURE OF BUSINESS

BEGINNING AND ENDING DATES

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

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None	c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explai					
	NAME		ADDRESS			
None			ng mercantile and trade agencies, to whom a ediately preceding the commencement of this case. DATE ISSUED			
	20. Inventories	4-6				
None	a. List the dates of the last two invertaking of each inventory, and the dol	ntories taken of your property, t llar amount and basis of each in	he name of the person who supervised the ventory.			
	DATE OF INVENTORY IN	NVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)	•		
None	b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.					
	DATE OF INVENTORY		NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS			
	21 . Current Partners, Officers, Di	rectors and Shareholders				
None	 a. If the debtor is a partnership, partnership. 	list the nature and percentage of	of partnership interest of each member of the			
	NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST			
None			of the corporation, and each stockholder who of the voting or equity securities of the NATURE AND PERCENTAGE OF STOCK OWNERSHIP			

B7 (C	Official Form 7) (04/13)		1			
	22. Former partners, officers, direct	ctors and shareholders				
None	a. If the debtor is a partnership, list preceding the commencement of this	each member who withdrew from case.	the partnership within one year immediately			
	NAME	ADDRESS	DATE OF WITHDRAWAL			
None	b. If the debtor is a corporation, list within one year immediately preceding	all officers or directors whose rela	ationship with the corporation terminated			
	NAME AND ADDRESS	TITLE	DATE OF TERMINATION			
	23 . Withdrawals from a partnershi	p or distributions by a corporati	on			
None	If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.					
	NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY			
	i e					
	24. Tax Consolidation Group.					
None	If the debtor is a corporation, list the r consolidated group for tax purposes of immediately preceding the commence	f which the debtor has been a men	cation number of the parent corporation of any other at any time within six years			
	NAME OF PARENT CORPORATIO	N TAXPAYER-IDENTI	IFICATION NUMBER (EIN)			
	25. Pension Funds.					
None		been responsible for contributing	atification number of any pension fund to at any time within six years immediately			
	NAME OF PENSION FUND	TAXPAYER-IDENTI	FICATION NUMBER (EIN)			

* * * * * *

B7 (Official Form 7) (04/13)	11
[If completed by an individual or individual and spous	e]
I declare under penalty of perjury that I have read the a and any attachments thereto and that they are true and o	nswers contained in the foregoing statement of financial affairs correct.
Date 21114	Signature of Debtor Signature of
Date	Joint Debtor (if any)
[If completed on behalf of a partnership or corporation] I declare under penalty of perjury that I have read the anguery con	stained in the foregoing statement of financial affairs and any attachments
thereto and that they are true and correct to the best of my knowle	dge, information and belief.
Date SHIII4	Signature Signature
	Print Name and Title
[An individual signing on behalf of a partnership or corp	oration must indicate position or relationship to debtor.]
continuation	sheets attached
Penalty for making a false statement: Fine of up to \$500,000 or in	sprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571
DECLARATION AND SIGNATURE OF NON-ATTORNEY I	BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
I declare under penalty of perjury that: (1) I am a bankruptcy petition prepared to and have provided the debtor with a copy of this document and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to ankruptcy petition preparers, I have given the debtor notice of the maximum my fee from the debtor, as required by that section.	arcr as defined in 11 U.S.C. § 110; (2) I prepared this document for the notices and information required under 11 U.S.C. §§ 110(b), 110(h), 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer	Social-Security No. (Required by 11 U.S.C. § 110.)
the bankruptcy petition preparer is not an individual, state the name, title (esponsible person, or partner who signs this document.	if any), address, and social-security number of the officer, principal,
Address	-
Signature of Bankruptcy Petition Preparer	Date
lames and Social Security numbers of all other individuals who accepted on a	esisted in proporting this document unless the handwarday potition accounts in

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

B 22C (Official Form 22C) (Chapter 13) (04/13)	
Debtor(s) Case Number: 14-00231-5-RDD (If known)	According to the calculations required by this statement: The applicable commitment period is 3 years. The applicable commitment period is 5 years. Disposable income is determined under § 1325(b)(3). Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)
	(Check the boxes as directed in Lines 17 and 25 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME						
1	a. 🗸	tal/filing status. Check the box that applies and co Unmarried. Complete only Column A ("Debtor Married. Complete both Column A ("Debtor's					
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.					Column B Spouse's Income	
2	Gross	wages, salary, tips, bonuses, overtime, commis	ssions.		\$	\$	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.						
	a.	Gross receipts	\$				
5.1	b.	Ordinary and necessary business expenses	\$				
	c.	Business income	Subtract Line b from Line a		\$	\$	
	in the	and other real property income. Subtract Line bappropriate column(s) of Line 4. Do not enter a nurt of the operating expenses entered on Line b	umber less than zero. Do not inclu	ude			
4	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$		a 397		
	c.	Rent and other real property income	Subtract Line b from Line a		\$	\$	
- 5	Interest divided and the		\$	\$			
6	Pension and retirement income.				\$	\$	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$	

B 22C	3 22C (Official Form 22C) (Chapter 13) (04/13)					
8	Column 11 of B, but instead state the amount in the space below:					
	Unemp be a be	ployment compensation claimed to enefit under the Social Security Act Debtor \$ Spou	ıse \$	\$	\$	
9	Income sources mainter separat paymen internati	y or				
	a.]			
	b.		\$	1 \$	\$	
10	Subtota through	 Add Lines 2 thru 9 in Column A, and, if Column B is complet 9 in Column B. Enter the total(s). 	ed, add Lines 2	\$	\$	
11	Total. If enter the A.	Column B has been completed, add Line 10, Column A to Line total. If Column B has not been completed, enter the amount from the control of the column B has not been completed, enter the amount from the column B has not been completed, enter the amount from the column B has not been completed, enter the amount from the column B has not been completed, and Line 10, Column A to Line total.	10, Column B, and com Line 10, Colum	d nn \$	a	
		Part II. CALCULATION OF § 1325(b)(4) CO	MMITMENT	PERIOD		
12	Enter th	ne amount from Line 11.			\$	
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.					
	a.		\$		100	
	b.	· · · · · · · · · · · · · · · · · · ·	\$			
		l enter on Line 13.	\$		¢	
14		Line 13 from Line 12 and enter the result.			\$	
15	Annualiz	ted current monthly income for § 1325(b)(4). Multiply the art the result.	mount from Line 14	by the number 12	\$	
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter d	ebtor's state of residence: b. Enter debtor's	s household size:		\$	
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period 3 years" at the top of page 1 of this statement and continue with this statement.					
	is 5 y	mount on Line 15 is not less than the amount on Line 16. Che ears" at the top of page 1 of this statement and continue with the	is statement.			
10		APPLICATION OF § 1325(b)(3) FOR DETERM	MINING DISPO	OSABLE INCO	ME	
18	Enter the amount from Line 11.					

B 22C	B 22C (Official Form 22C) (Chapter 13) (04/13)							
19	Page 2 the conditions for entering this adjustment do not approx, enter zero.							
	a.					\$		
	b.	2 5				\$	Ē	
	c.					\$		
	Total	and enter on Line 19.						\$
20	Curi	ent monthly income for § 1325	(b)(3). Subtract	Line 1	9 from Line	18 and enter the re	esult.	\$
21	Anni and e	nalized current monthly income nter the result.	for § 1325(b)(3). Mu	ltiply the an	nount from Line 20	by the number 12	\$
22	Appl	icable median family income. E	nter the amount	from I	Line 16.			\$
	100	ication of § 1325(b)(3). Check th				irected		
23		the amount on Line 21 is more the inder § 1325(b)(3)" at the top of place amount on Line 21 is not most etermined under § 1325(b)(3)" at omplete Parts IV, V, or VI.	han the amoun page 1 of this sta re than the am	t on Li itemen	ne 22. Chec t and comple n Line 22.	ek the box for "Dispete the remaining p Check the box for "	arts of this statement Disposable income	nt. e is not
		Part IV. CALCU	LATION O	F DE	DUCTIO	NS FROM INC	COME	
		Subpart A: Deductions	under Stand	ards	of the Inte	ernal Revenue	Service (IRS)	
24A	the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents						\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Perso	ons under 65 years of age		Perso	ons 65 years	s of age or older		
	a1.	Allowance per person		a2.	Allowance	per person		til
	b1.	Number of persons		b2.	Number of	f persons		
	c1.	Subtotal		c2.	Subtotal			\$
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus						\$	

B 22C (B 22C (Official Form 22C) (Chapter 13) (04/13)						
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.						
	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$				
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	s				
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$			
26	and 2 Utilit	I Standards: housing and utilities; adjustment. If you contend the 5B does not accurately compute the allowance to which you are enties Standards, enter any additional amount to which you contend you contention in the space below:	itled under the IRS Housing and	\$			
27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. \$						

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	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.					
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs \$					
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$			
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	federal	Necessary Expenses: taxes. Enter the total average monthly expel, state, and local taxes, other than real estate and sales taxes, such a social-security taxes, and Medicare taxes. Do not include real estate.	as income taxes, self-employment	\$		
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			\$		
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			\$		
33.	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.			\$		
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			\$		
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.			\$		
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.			\$		
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
38	Total E	Expenses Allowed under IRS Standards. Enter the total of Lines	24 through 37.	\$		
1.		Subpart B: Additional Living Expension Note: Do not include any expenses that you ha				

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	expe	enses in the categories dependents.	ility Insurance, and Health Savi set out in lines a-c below that are	ngs Accou reasonably	nt Expenses. List necessary for you	the monthly erself, your spouse, or	
20	a.	Health Insurance	e		\$		
39	b.	Disability Insura	ance		\$	10	
	c.	Health Savings	Account		\$		
	Tota	l and enter on Line 39			-1		\$
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$						
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.						\$
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						\$
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the						\$
43	school docu	lly incur, not to excee of by your dependent of mentation of your ac	ependent children under 18. End \$156.25 per child, for attendant children less than 18 years of age stual expenses, and you must exteady accounted for in the IRS	ce at a priv . You must plain why	ate or public element t provide your case the amount clain	entary or secondary se trustee with	\$
44	clothi Natio www.	ng expenses exceed the nal Standards, not to	ing expense. Enter the total aver the combined allowances for food exceed 5% of those combined all in the clerk of the bankruptcy cou able and necessary.	and clothin	ng (apparel and ser This information is	rvices) in the IRS available at	\$
45	charit	able contributions in t	Enter the amount reasonably need the form of cash or financial instr Do not include any amount in	uments to	a charitable organi	zation as defined in	\$
46	Total	Additional Expense	Deductions under § 707(b). En	ter the tota	l of Lines 39 throu	gh 45.	\$,
			Subpart C: Deduction	s for Del	ot Payment		
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
47		Name of Creditor	Property Securing the De		Average Monthly Payment	Does payment include taxes or insurance?	
	a.				\$	☐ yes ☐ no	
	b.				\$ \$	☐ yes ☐ no ☐ yes ☐ no	
					Fotal: Add		
			17 (4		Lines a, b, and c		\$

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48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
	a.	Traine of Creditor	Troperty Securing the Debt			
				\$	1	
	b.	-		\$		
	c.			\$		
				Total: Add Lines a, b, and c	\$	
49	as pr	iority tax, child support a	iority claims. Enter the total amount, di and alimony claims, for which you were nt obligations, such as those set out in	liable at the time of your bankruptcy	\$	
	Char	pter 13 administrative e ting administrative exper	expenses. Multiply the amount in Line anse.	by the amount in Line b, and enter the		
	a.	Projected average mon	thly chapter 13 plan payment.	\$	l	
50	b.	Current multiplier for y schedules issued by the	your district as determined under Executive Office for United States ation is available at www.usdoj.gov/ust/	. x		
	с.	Average monthly admi	nistrative expense of chapter 13 case	Total: Multiply Lines a and h		
51	Total	Deductions for Debt P	ayment. Enter the total of Lines 47 three	Total: Multiply Lines a and b	\$	
	The state of the s					
Subpart D: Total Deductions from Income						
50	m.,	C 11 1 1 1 1				
52	Total	of all deductions from	Subpart D: Total Deductions to income. Enter the total of Lines 38, 46,		\$	
		Part V. DETERM	income. Enter the total of Lines 38, 46,		\$	
52		Part V. DETERM	income. Enter the total of Lines 38, 46,	and 51.	\$	
	Total Suppo	Part V. DETERM current monthly incomport income. Enter the molity payments for a dependent	income. Enter the total of Lines 38, 46,	and 51. INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable		
53	Total Suppo disabili nonba Qualifi wages	Part V. DETERM current monthly incomport income. Enter the molity payments for a dependent of the extension	income. Enter the total of Lines 38, 46, UNATION OF DISPOSABLE 3 ne. Enter the amount from Line 20. Onthly average of any child support payindent child, reported in Part I, that you are treasonably necessary to be expended.	and 51. INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable for such child. mounts withheld by your employer from 541(b)(7) and (b) all required	\$	
53	Total Suppodisabi nonba Quali wages repayr	Part V. DETERM current monthly incomport income. Enter the molity payments for a dependent of the extension	income. Enter the total of Lines 38, 46, UNATION OF DISPOSABLE 3 ne. Enter the amount from Line 20. Onthly average of any child support payindent child, reported in Part I, that you are reasonably necessary to be expended ons. Enter the monthly total of (a) all are lifted retirement plans, as specified in §	and 51. INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable for such child. mounts withheld by your employer from 541(b)(7) and (b) all required b).	\$ \$	
53 54 55 56	Total Suppodisabinonba Qualify wages repayr Total Deduct which a-c bel Line 5	Part V. DETERM current monthly income ort income. Enter the me lity payments for a dependent of the external of the external contributions for quanents of loans from retire of all deductions allower there is no reasonable allow. If necessary, list add 7. You must provide you a detailed explanation	income. Enter the total of Lines 38, 46, UNATION OF DISPOSABLE 3 ne. Enter the amount from Line 20. Onthly average of any child support payindent child, reported in Part I, that you ment reasonably necessary to be expended ons. Enter the monthly total of (a) all and lifted retirement plans, as specified in § ement plans, as specified in § 362(b)(19) and under § 707(b)(2). Enter the amount stances. If there are special circumstances.	ments, foster care payments, or received in accordance with applicable for such child. mounts withheld by your employer from 541(b)(7) and (b) all required b). It from Line 52. The state justify additional expenses for ances and the resulting expenses in lines all the expenses and enter the total in of these expenses and you must	\$ \$	
53 54 55 56	Total Suppodisabinonba Qualify wages repayr Total Deduct which a-c bel Line 5' provide	Part V. DETERM current monthly income ort income. Enter the me lity payments for a dependruptcy law, to the exter fied retirement deductions as contributions for quanents of loans from retire of all deductions allower etion for special circum there is no reasonable allow. If necessary, list add 7. You must provide you a detailed explanationable.	income. Enter the total of Lines 38, 46, UNATION OF DISPOSABLE 10. Enter the amount from Line 20. Conthly average of any child support payindent child, reported in Part I, that you are reasonably necessary to be expended ons. Enter the monthly total of (a) all are lifted retirement plans, as specified in § and ement plans, as specified in § and under § 707(b)(2). Enter the amount stances. If there are special circumstant ternative, describe the special circumstant ternative trustee with documentation of the special circumstances that m	and 51. INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable for such child. mounts withheld by your employer from 541(b)(7) and (b) all required)). It from Line 52. The stat justify additional expenses for ances and the resulting expenses in lines all the expenses and enter the total in of these expenses and you must ake such expenses necessary and	\$ \$	
53 54 55 56	Total Suppodisabinonba Quality wages repayr Total Deduct which a-c bel Line 5' provid reason	Part V. DETERM current monthly income ort income. Enter the me lity payments for a dependent of the external of the external contributions for quanents of loans from retire of all deductions allower there is no reasonable allow. If necessary, list add 7. You must provide you a detailed explanation	income. Enter the total of Lines 38, 46, UNATION OF DISPOSABLE 10. Enter the amount from Line 20. Conthly average of any child support payindent child, reported in Part I, that you are reasonably necessary to be expended ons. Enter the monthly total of (a) all are lifted retirement plans, as specified in § and ement plans, as specified in § and under § 707(b)(2). Enter the amount stances. If there are special circumstant ternative, describe the special circumstant ternative trustee with documentation of the special circumstances that m	ments, foster care payments, or received in accordance with applicable for such child. mounts withheld by your employer from 541(b)(7) and (b) all required 0). It from Line 52. The state of the expenses and enter the total in of these expenses and you must ake such expenses necessary and Amount of expense	\$ \$	
53 54 55 56	Total Suppodisabinonba Quality wages repayr Total Deduct which a-c bel Line 5' provid reason a.	Part V. DETERM current monthly income ort income. Enter the me lity payments for a dependruptcy law, to the exter fied retirement deductions as contributions for quanents of loans from retire of all deductions allower etion for special circum there is no reasonable allow. If necessary, list add 7. You must provide you a detailed explanationable.	income. Enter the total of Lines 38, 46, UNATION OF DISPOSABLE 10. Enter the amount from Line 20. Conthly average of any child support payindent child, reported in Part I, that you are reasonably necessary to be expended ons. Enter the monthly total of (a) all are lifted retirement plans, as specified in § and ement plans, as specified in § and under § 707(b)(2). Enter the amount stances. If there are special circumstant ternative, describe the special circumstant ternative trustee with documentation of the special circumstances that m	and 51. INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable for such child. mounts withheld by your employer from 541(b)(7) and (b) all required)). It from Line 52. The state of the expenses and enter the total in of these expenses and you must ake such expenses necessary and Amount of expense \$	\$ \$	
53 54 55 56	Total Suppodisabinonba Quality wages repayr Total Deduct which a-c bel Line 5' provid reason	Part V. DETERM current monthly income ort income. Enter the me lity payments for a dependruptcy law, to the exter fied retirement deductions as contributions for quanents of loans from retire of all deductions allower etion for special circum there is no reasonable allow. If necessary, list add 7. You must provide you a detailed explanationable.	income. Enter the total of Lines 38, 46, UNATION OF DISPOSABLE 10. Enter the amount from Line 20. Conthly average of any child support payindent child, reported in Part I, that you are reasonably necessary to be expended ons. Enter the monthly total of (a) all are lifted retirement plans, as specified in § and ement plans, as specified in § and under § 707(b)(2). Enter the amount stances. If there are special circumstant ternative, describe the special circumstant ternative trustee with documentation of the special circumstances that m	ments, foster care payments, or received in accordance with applicable for such child. mounts withheld by your employer from 541(b)(7) and (b) all required 0). It from Line 52. The state of the expenses and enter the total in of these expenses and you must ake such expenses necessary and Amount of expense	\$ \$	
53 54 55 56	Total Suppodisabinonba Quality wages repayr Total Deduct which a-c bel Line 5' provid reason a.	Part V. DETERM current monthly income ort income. Enter the me lity payments for a dependruptcy law, to the exter fied retirement deductions as contributions for quanents of loans from retire of all deductions allower etion for special circum there is no reasonable allow. If necessary, list add 7. You must provide you a detailed explanationable.	income. Enter the total of Lines 38, 46, UNATION OF DISPOSABLE 10. Enter the amount from Line 20. Conthly average of any child support payindent child, reported in Part I, that you are reasonably necessary to be expended ons. Enter the monthly total of (a) all are lifted retirement plans, as specified in § and ement plans, as specified in § and under § 707(b)(2). Enter the amount stances. If there are special circumstant ternative, describe the special circumstant ternative trustee with documentation of the special circumstances that m	and 51. INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable for such child. mounts withheld by your employer from 541(b)(7) and (b) all required)). It from Line 52. The state of the expenses and enter the total in of these expenses and you must ake such expenses necessary and Amount of expense \$	\$ \$	

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58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.							
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.							
	Part VI: ADDITIONAL EXPENSE CLAIMS							
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
60	 	Expense Description	Monthly Amount					
	a.		\$	1				
	b.		\$	1				
	c.	·	\$	1				
		Total: Add Lines a, b, and c	\$	1				
		Part VII: VERIFICATION						
	I decla	re under penalty of perjury that the information provided in this statement in the period of the per	s true and correct. (If this is a	ı joint case,				
61	Date: All A Signature: Signature: Openor)							
		Date: Signature:	oint Debtor, if any)					